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|---|--|---|
| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10087409 | <b>Applicant(s)/Patent Under Reexamination</b><br>MOGHADDAM, BABACK |
|   | <b>Examiner</b><br>SHEELA C CHAWAN         | <b>Art Unit</b><br>2624   |

| ORIGINAL           |                                   |          |     |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                     |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|-----|--|--|------------------------------|---|---|---|---------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |     |  |  | CLAIMED                      |   |   |   |                     | NON-CLAIMED |  |  |  |  |  |  |  |
| 382                |                                   | 124      |     |  |  | G                            | 0 | 6 | K | 9 / 00 (2006.01.01) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |     |  |  | G                            | 0 | 8 | K | 9 / 40 ()           |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  | G                            | 0 | 6 | K | 9 / 46 (2006.01.01) |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  | G                            | 0 | 6 | K | 9 / 74 (2006.01.01) |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| 382                | 125                               | 190      | 254 |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| 356                | 71                                |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |  |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |

| <input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|--|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final  | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1  | 1        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 2  | 2        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 3  | 3        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 4  | 4        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 5  | 5        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 6  | 6        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 8  | 7        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 9  | 8        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 10   | 9        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 11   | 10       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 12   | 11       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 13   | 12       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 14   | 13       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 7  | 14       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 15   | 15       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

|  |        |                             |                     |
|--|--------|-----------------------------|---------------------|
| NONE   |        | Total Claims Allowed:<br>15 |                     |
| (Assistant Examiner)                                 | (Date) |                             |                     |
| /SHEELA C CHAWAN/<br>Primary Examiner: Art Unit 2624 |        | 2/15/11                     | O.G. Print Claim(s) |
| (Primary Examiner)                                   |        | (Date)                      | O.G. Print Figure   |
|  |        |                             | 1                   |
|  |        |                             | 1                   |